
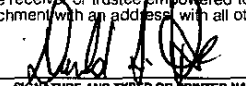


FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90019 027 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000031615			
1. Entity Name FANTASY FIREWORK OUTLET, INC.		64001523	
Principal Place of Business 16082 DAWNVIEW DRIVE TAMPA, FL 33624		Mailing Address 16082 DAWNVIEW DRIVE TAMPA, FL 33624	
2. Principal Place of Business 11536 Braeside place Suite, Apt. #, etc.		3. Mailing Address 11536 Braeside place Suite, Apt. #, etc.	
City & State Tampa, Florida Zip 33612 Country USA		City & State Tampa, Florida Zip 33612 Country USA	
4. FEI Number 59-3435520		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01232004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PETTS, DONALD S 16082 DAWNVIEW DRIVE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Donald Petts, Donald S Street Address (P.O. Box Number is Not Acceptable) 11536 Braeside place City Tampa FL Zip Code 33612	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTS, DONALD S 16082 DAWNVIEW DRIVE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		01/23/2004 813-264-7195 Date Daytime Phone #	